

## Foster Family Home - Corrective Action Report

Provider ID: 3-190057

Home Name: Rosalinda Ganir, CNA

Review ID: 3-190057-1

74-5044 Hua'ala Street

Reviewer: Lori O'Keefe

Kailua-Kona HI 96740

Begin Date: 7/22/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

New home inspection performed today for a 2 client certification.

The home was not in full compliance at the time of visit and a corrective action report was issued. A corrective action plan is due back to CTA by 8/23/19.

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a. (1-2) HHM #1 has completed the APS/CAN/Fingerprint process but the determination results have not been received by the day of visit.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

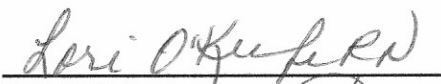
41.(b)(8) - Cg #2 lacks evidence of current BBP training.

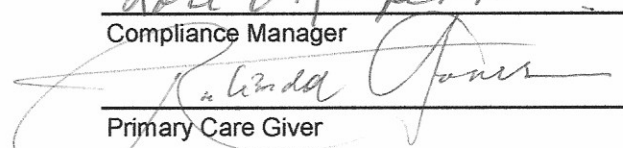
### Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- The homes emergency preparedness policy states that a survival kit for use during an emergency or evacuation is available. The kit is not available at the time of the home visit.

  
Compliance Manager

  
Primary Care Giver

  
Date

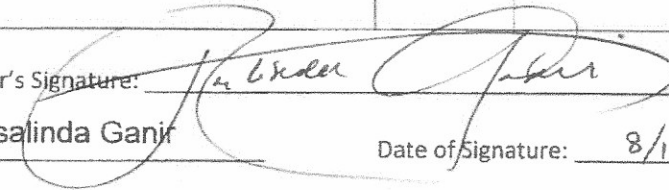
  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Rosalinda Ganir, CNA

CCFFH Address: 74050 Hua'ala St. Kailua-Kona, HI 96740

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1, 8.a.2	Result for HHM#1 APS/CAN/Fingerprints with green light determination received and placed in the home binder. Copy sent to CTA.	8/16/19	Home will maintain the home binder with all required documents to ensure renewals are completed in a timely fashion, making sure results are available prior to expiration dates.
41.b.8	CG#2 has obtained BBP training and the certificate is filed in the home binder. Copy sent to CTA.	8/16/19	Same as above.
50.a	Survival kit has been prepared as stated in homes policy	8/16/19	Home will check contents of survival kit and replace expired items annually.

Primary Caregiver's Signature: 

Print Name: Rosalinda Ganir

Date of Signature: 8/16/19